



0756

State Board of Health File No. 0756

STATE OF UTAH-DEATH CERTIFICATE

Delilah Shelton Nye

If death occurred in a hospital or institution give the NAME instead of street and number.

1 PLACE OF DEATH
County Duchesne
Precinct Antelope
Village of
City No. St. Ward

2 FULL NAME Delilah Shelton Nye
(a) Residence No. Antelope, Utah St. (If non-resident give city or town and state.)
(USUAL PLACE OF ABODE)

Length of residence in city or town where death occurred 18 yrs. 11 mo. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6a If Married, Widowed, or Divorced, HUSBAND OF (OR) WIFE OF Walter W. Nye

7 DATE OF BIRTH April 25, 1889
(Month) (Day) (Year)

8 AGE 40 yrs. 2 mos. 1 da. If LESS than 1 day, hr. or min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Homekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of Employer

10 BIRTHPLACE (City or town, State or Country) Midway, Utah

11 NAME OF FATHER Steven Shelton

12 BIRTHPLACE OF FATHER (State or Country) Provo, Utah

13 MAIDEN NAME OF MOTHER Margaret Bonner

14 BIRTHPLACE OF MOTHER (State or Country) St. Johns, Ill.

15 Informant M. Nye
Address Antelope, Utah

16 Filed Feb 26 1929 J. B. Burt Registrar
Registered Number No. of Burial or Removal Permit

17 MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH Feb 26, 1929
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929 to Feb. 26, 1929, that I last saw him alive on Feb. 26, 1929, and that death occurred, on the date stated above, at 1 p.m.
The CAUSE DEATH* was as follows:
Bronchial Pneumonia
Toxic Adenoma of the
8 months pregnancy
Contributory (Secondary) nephritis interstitial
(Duration) yrs. mos. da.

20 Where was disease contracted? If not at place of death?
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) S. Miles Harris M. D.
Feb. 26, 1929 (Address) Provo, Utah

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES and the MANNER AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. Give reasons for all additional space.

21 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
22 UNDERTAKER ADDRESS

STATE OF UTAH — DEPARTMENT OF HEALTH

1 PLACE OF DEATH
County Duchesne
Precinct Antelope
Village
City No. St. Ward

2 FULL NAME Delilah Shelton Nye
(n) Residence. No. Antelope, Utah St. (If non-resident give city or town and state)
(USUAL PLACE OF ABODE)
Length of residence in city or town where death occurred 18 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6a If Married, Widowed, or Divorced, HUSBAND OF (OR) WIFE OF Clarence W. Nye
7 DATE OF BIRTH April 25, 1889 (Month) (Day) (Year)
8 AGE 40 yrs. 2 mos. 1 day, 1 hr., 1 min. If LESS than 1 day, hr., or min.
9 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Homekeeper (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of Employer
10 BIRTHPLACE (City or town) Midway (State or Country) Utah
11 NAME OF FATHER Steven S. Shelton
12 BIRTHPLACE OF FATHER Provo, Utah (State or Country)
13 MAIDEN NAME OF MOTHER Margaret Bonner
14 BIRTHPLACE OF MOTHER St. Johns, Ill. (State or Country)
15 Informant Mr. Nye Address Antelope, Utah
16 Filed Feb 26 1929 J. B. Bostick Registrar
17 Registered Number 21 No. of Burial or Removal Permit 22
18 (No burial registration)

MEDICAL CERTIFICATE OF DEATH
19 DATE OF DEATH Feb. 26 1929 (Month) (Day) (Year)
20 I HEREBY CERTIFY, That I attended deceased from Feb. 24, 1929 to Feb. 26, 1929, that I last saw her alive on Feb. 26, 1929, and that death occurred, on the date stated above, at 1 p.m.
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Toxic Adenoma of the
8 months Pregnancy
Contributory Nephritis interstitial (Secondary) (Duration) yrs. mos. ds.
18 Where was disease contracted if not at place of death? No
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Examination
(Signed) S. Miles Harris M. D.
Feb. 26, 1929 (Address) Provo, Utah
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL. (See reverse side for additional space.)
19 PLACE OF BURIAL, CREMATION, OR REMOVAL Provo, Utah DATE OF BURIAL*
20 UNDERTAKER ADDRESS

READ CAREFULLY INSTRUCTIONS ON BACK OF CERTIFICATE

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

R 09 2002

SL 132229



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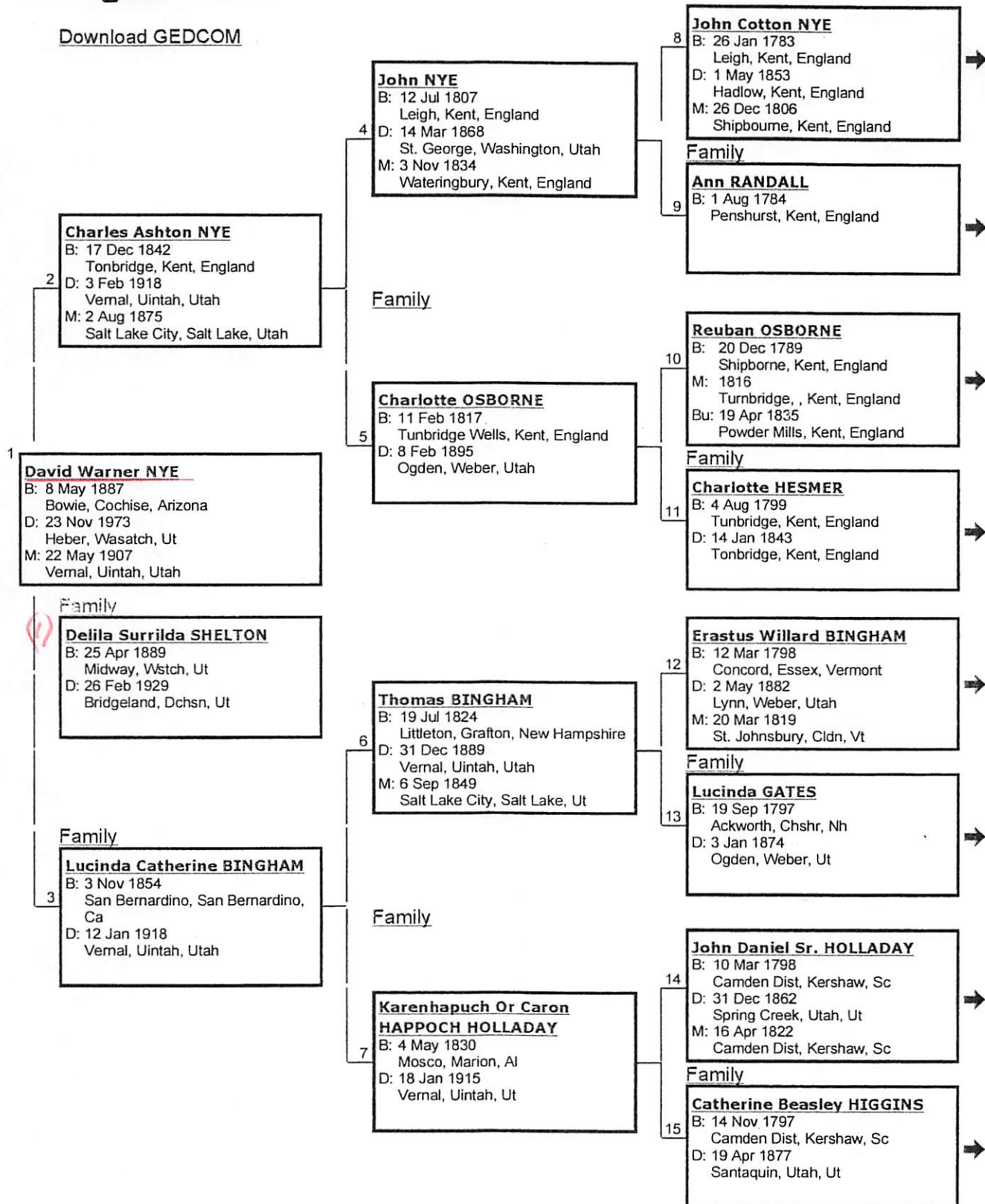
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Pedigree Chart

FamilySearch™ Ancestral File v4.19

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